## Case 19-12076-mdc Doc 56 Filed 10/27/20 Entered 10/27/20 14:06:49 Desc Main Document Page 1 of 4

| Fill i    | n this information to identify yo  | nir casa.   |                        |             |          | Ī                              |                |  |  |
|-----------|--|---|------------------------|-------------|----------|--------------------------------|----------------|--|--|
|           | , ,  | haw-Camara  |                        |             |          |                                |                |  |  |
|           | tor 2  |   |                        |             | _        |                                |                |  |  |
| Unit      | ed States Bankruptcy Court for   | the: EASTERN DISTRICT                                       | T OF PENNSYLVANIA      |             |          |                                |                |  |  |
| Cas       | e number <b>19-12076</b>   |   |                        |             |          | Check if this is:              |                |  |  |
| (If kno   | own)   |   | _                      |             |          | ■ An amende                    | ed filing      |  |  |
|           |  |   |                        |             |          | ☐ A suppleme                   | ent showin     | g postpetition chapter<br>ollowing date: |  |
| <u>Of</u> | ficial Form 106I   |   |                        |             |          | MM / DD/ Y                     | YYY            |  |  |
| Sc        | hedule I: Your Ir  | ncome   |                        |             |          |                                |                | 12/15                                    |  |
| spou      | olying correct information. If use. If you are separated and it a separate sheet to this fo Describe Employm | your spouse is not filing w<br>rm. On the top of any additi | ith you, do not inclu  | de infor    | mati     | on about your spo              | ouse. If mo    | ore space is needed,                     |  |
| 1.        | Fill in your employment information.   | Debtor 1  |                        |             | Debtor 2 | Debtor 2 or non-filling spouse |                |  |  |
|           | If you have more than one job, attach a separate page with information about additional employers.           | Employment status   | ■ Employed             |             |          | ☐ Emplo                        | oyed           |  |  |
|           |  | Employment status   | ☐ Not employed         |             |          | ☐ Not e                        | ☐ Not employed |  |  |
|           |  | Occupation  | Aid                    |             |          |                                |                |  |  |
|           | Include part-time, seasonal, o self-employed work.   | r<br>Employer's name  | Children and Ac        | dult Dis    | abil     | ity                            |                |  |  |
|           | Occupation may include stude or homemaker, if it applies.  | ent Employer's address                                      |                        |             |          |                                |                |  |  |
|           |  | How long employed t   | here? 14 year          | s           |          |                                |                |  |  |
| Part      | Give Details About   | Monthly Income  |                        |             |          |                                |                |  |  |
|           | nate monthly income as of the se unless you are separated.   | ne date you file this form. If                              | you have nothing to re | eport for   | any      | line, write \$0 in the         | space. Inc     | clude your non-filing                    |  |
|           | u or your non-filing spouse have space, attach a separate shee   |   | ombine the information | n for all e | empl     | oyers for that perso           | n on the li    | nes below. If you need                   |  |
|           |  |   |                        |             |          | For Debtor 1                   |                | btor 2 or<br>ng spouse                   |  |
| 2.        | List monthly gross wages, a deductions). If not paid month   |   |                        | 2.          | \$       | 3,340.24                       | \$             | N/A                                      |  |
| 3.        | Estimate and list monthly o  | vertime pay.  |                        | 3.          | +\$      | 0.00                           | +\$            | N/A                                      |  |

Official Form 106l Schedule I: Your Income page 1

3,340.24

N/A

Calculate gross Income. Add line 2 + line 3.

| Deb | tor 1         | Emma Shaw-Camara   |            | Ca    | ase number (if known) | 19-120 | 76   |                |
|-----|---------------|--|------------|-------|-----------------------|--------|--|----------------|
|     |               |  |            | F     | For Debtor 1          |        | ebtor 2 or                                   |                |
|     | Con           | y line 4 here  | 4.         | 9     | 3,340.24              | \$     | ling spouse<br>N/A                           |                |
|     | OOP           | y line 4 nere  |            | ٦     | 3,340.24              | Ψ      |  |                |
| 5.  | List          | all payroll deductions:  |            |       |                       |        |  |                |
|     | 5a.           | Tax, Medicare, and Social Security deductions  | 5a.        | 9     | 931.40                | \$     | N/A  |                |
|     | 5b.           | Mandatory contributions for retirement plans   | 5b.        |       |                       | \$     | N/A  |                |
|     | 5c.           | Voluntary contributions for retirement plans   | 5c.        |       |                       | \$     | N/A  |                |
|     | 5d.           | Required repayments of retirement fund loans   | 5d.        |       |                       | \$     | N/A  |                |
|     | 5e.<br>5f.    | Insurance  | 5e.<br>5f. | 9     |                       | \$     | N/A  |                |
|     | 51.<br>5g.    | Domestic support obligations Union dues  | 5g.        | ,     |                       | \$<br> | N/A<br>N/A                                   |                |
|     | 5h.           | Other deductions. Specify:   | 5h         |       |                       | + \$   | N/A  |                |
| 6.  |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | _ 6.       | \$    |                       | \$     | N/A  |                |
|     |               |  |            | •     |                       | \$     |  |                |
| 7.  |               | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$    | 2,408.84              | Φ      | N/A  |                |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  | 0.5        | ď     |                       | ¢      |  |                |
|     | 8b.           | monthly net income.  Interest and dividends  | 8a.<br>8b. |       |                       | \$     | N/A<br>N/A                                   |                |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent  |            | 4     | 0.00                  | Φ      | IN/A   |                |
|     | 00.           | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | 9     | 0.00                  | \$     | N/A  |                |
|     | 8d.           | Unemployment compensation  | 8d.        | 9     | 0.00                  | \$     | N/A  |                |
|     | 8e.           | Social Security  | 8e.        | 9     | 0.00                  | \$     | N/A  |                |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:   | 8f.        | \$    | 0.00                  | \$     | N/A  |                |
|     | 8g.           | Pension or retirement income   | 8g.        | 9     | 0.00                  | \$     | N/A  |                |
|     | 8h.           | Other monthly income. Specify: income tax refund   | _ 8h       | + \$  | 123.33                | + \$   | N/A  |                |
|     |               | family assistance  | _          | 9     | 500.00                | \$     | N/A  |                |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$    | 623.33                | \$     | N/A  |                |
| 10. | Calc          | culate monthly income. Add line 7 + line 9.  | 10. \$     | <br>S | 3,032.17 + \$         |        | N/A = \$                                     | 3,032.17       |
|     |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            | _     | - 0,002.17            |        | <u>"                                    </u> | 3,032.17       |
| 11. | Stat<br>Inclu | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives.  Interval to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives. | deper      |       | •                     |        | nedule J.<br>11. +\$                         | 0.00           |
| 12. |               | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies  |            |       |                       |        | 12. \$Combine                                | 3,032.17<br>ed |
|     | _             |  |            |       |                       |        | monthly                                      | income         |
| 13. | Do y          | you expect an increase or decrease within the year after you file this form' No. Yes. Explain:   | ?          |       |                       |        |  |                |

| Fill   | in this informat             | tion to identify yo   | our case:               |   |  |                            |  |   |  |  |  |  |  |
|--|------------------------------|---|-------------------------|---|--|----------------------------|--|---|--|--|--|--|--|
| Deb  | otor 1                       | Emma Shaw   | -Camara                 |   |  | Chec                       | ck if this is:                           |   |  |  |  |  |  |
|  |                              |   |                         |   |  |                            | An amended filing                        |   |  |  |  |  |  |
| 1  | otor 2                       |   |                         |   |  |                            |  | wing postpetition chapter                             |  |  |  |  |  |
| (Spo   | ouse, if filing)             |   |                         |   |  |                            | 13 expenses as of                        | the following date:                                   |  |  |  |  |  |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA |                              |   |                         |   |  |                            | MM / DD / YYYY                           |   |  |  |  |  |  |
|  | nown)                        | -12076  |                         |   |  |                            |  |   |  |  |  |  |  |
|  | fficial Fo                   |   |                         |   |  |                            |  |   |  |  |  |  |  |
| So   | chedule                      | J: Your I   | Exper                   | ises  |  |                            |  | 12/15   |  |  |  |  |  |
| info<br>nur  | ormation. If member (if know |   | eded, atta<br>y questio | . If two married people a<br>ch another sheet to this<br>n. |  |                            |  |   |  |  |  |  |  |
| Par<br>1.  | Is this a join               |   | noia                    |   |  |                            |  |   |  |  |  |  |  |
|  | No. Go to                    | line 2.   | n a senar               | ate household?  |  |                            |  |   |  |  |  |  |  |
|  | □ No                         | )   | ·                       | al Form 106J-2, <i>Expense</i>                              | s for Separate House                               | ehold of Deb               | tor 2.                                   |   |  |  |  |  |  |
| 2.   | Do you have                  | dependents?   | □ No                    |   |  |                            |  |   |  |  |  |  |  |
| ۷.   | •                            | not list Debtor 1 and Yes Fill out this information for Deper |                         |   |  | ionship to<br>r 2          | Dependent's age                          | Does dependent live with you?                         |  |  |  |  |  |
|  | Do not state                 | th a  |                         |   |  |                            |  | □ No  |  |  |  |  |  |
|  | Do not state dependents i    |   |                         |   | Grandson   |                            | 19                                       | ■ Yes   |  |  |  |  |  |
|  | •                            |   |                         |   |  |                            |  | □No   |  |  |  |  |  |
|  |                              |   |                         |   |  |                            |  | ☐ Yes   |  |  |  |  |  |
|  |                              |   |                         |   |  |                            |  | □ No  |  |  |  |  |  |
|  |                              |   |                         |   |  |                            |  | ☐ Yes   |  |  |  |  |  |
|  |                              |   |                         |   |  |                            |  | □ No  |  |  |  |  |  |
| _  | _                            |   |                         |   |  |                            |  | ☐ Yes   |  |  |  |  |  |
| 3.   | expenses of                  | enses include<br>people other the<br>your depende             | nan $_{f 	au}$          | No<br>Yes   |  |                            |  |   |  |  |  |  |  |
| exp  | imate your ex                | ate Your Ongoi<br>penses as of yo<br>date after the b         | our bankr               | uptcy filing date unless                                    | you are using this fo<br>plemental <i>Schedule</i> | orm as a su<br>J, check th | pplement in a Cha<br>ne box at the top o | apter 13 case to report<br>f the form and fill in the |  |  |  |  |  |
| the  |                              | assistance and  |                         | government assistance<br>cluded it on <i>Schedule I:</i>    |  |                            | Your exp                                 | enses   |  |  |  |  |  |
| 4.   |                              | r home owners<br>d any rent for the                           |                         | ses for your residence.                                     | Include first mortgag                              | e<br>4. \$                 | S  | 780.00  |  |  |  |  |  |
|  | If not includ                | ed in line 4:   |                         |   |  |                            |  |   |  |  |  |  |  |
|  | 4a. Real e                   | state taxes   |                         |   |  | 4a. \$                     | 3  | 0.00  |  |  |  |  |  |
|  |                              | ty, homeowner's   | s, or renter            | 's insurance  |  | 4b. \$                     |  | 0.00  |  |  |  |  |  |
|  |                              | •   |                         | ıpkeep expenses   |  | 4c. \$                     | s  | 20.00   |  |  |  |  |  |
|  |                              | owner's associat  |                         |   |  | 4d. \$                     |  | 0.00  |  |  |  |  |  |
| 5  | Additional n                 | nortgage navme  | ents for vo             | our residence, such as he                                   | nme equity loans                                   | 5 \$                       |  | 0.00  |  |  |  |  |  |

| Debt | or 1 <b>Em</b> i         | ma Shaw-Camara  | Case num | ber (if known) | 19-12076                              |
|------|--------------------------|---|----------|----------------|---------------------------------------|
| 6.   | Utilities:               |   |          |                |                                       |
|      | 6a. Elec                 | ctricity, heat, natural gas   | 6a.      | \$             | 130.00                                |
|      | 6b. Wate                 | er, sewer, garbage collection   | 6b.      | \$             | 84.00                                 |
|      |                          | ephone, cell phone, Internet, satellite, and cable services   | 6c.      |                | 95.00                                 |
|      |                          | er. Specify:  | 6d.      |                | 0.00                                  |
|      |                          | housekeeping supplies   | 7.       | *              | 420.00                                |
|      |                          | and children's education costs  | 8.       | \$             |                                       |
|      |                          |   |          |                | 0.00                                  |
|      | •                        | laundry, and dry cleaning   | 9.       | ·              | 70.00                                 |
|      |                          | care products and services  | 10.      |                | 20.00                                 |
|      |                          | nd dental expenses  | 11.      | \$             | 30.00                                 |
|      |                          | ation. Include gas, maintenance, bus or train fare.   | 40       | Φ.             | 90.00                                 |
|      |                          | lude car payments.  | 12.      | ·              |                                       |
|      |                          | ment, clubs, recreation, newspapers, magazines, and books   | 13.      | · —            | 0.00                                  |
|      | Charitable               | e contributions and religious donations   | 14.      | \$             | 0.00                                  |
| i.   | Insurance                | ) <u>.</u>  |          |                |                                       |
|      | Do not incl              | lude insurance deducted from your pay or included in lines 4 or 20.   |          |                |                                       |
|      | 15a. Life                | insurance   | 15a.     | \$             | 99.61                                 |
|      | 15b. Heal                | Ith insurance   | 15b.     | \$             | 0.00                                  |
|      | 15c. Vehi                | icle insurance  | 15c.     | \$             | 160.00                                |
|      | 15d Othe                 | er insurance. Specify:  | 15d.     | ·              | 0.00                                  |
|      |                          | onot include taxes deducted from your pay or included in lines 4 or 20.   |          | <b>—</b>       | 0.00                                  |
|      | Specify: _               |   | 16.      | \$             | 0.00                                  |
|      |                          | nt or lease payments: payments for Vehicle 1  | 17a.     | \$             | 253.00                                |
|      |                          |   | 17a.     | ·              |                                       |
|      |                          | payments for Vehicle 2  |          | ·              | 0.00                                  |
|      |                          | er. Specify:  | 17c.     | ·              | 0.00                                  |
|      |                          | er. Specify:  | 17d.     | \$             | 0.00                                  |
|      |                          | nents of alimony, maintenance, and support that you did not report from your pay on line 5, Schedule I, Your Income (Official Form 106)   |          | \$             | 0.00                                  |
|      |                          | ments you make to support others who do not live with you.  | .,.      | \$             | 0.00                                  |
|      | Specify:                 |   | 19.      |                | 0.00                                  |
|      |                          | property expenses not included in lines 4 or 5 of this form or on Sc  |          | our Income     |                                       |
|      |                          | tgages on other property  | 20a.     |                | 0.00                                  |
|      |                          | l estate taxes  | 20b.     | ·              | 0.00                                  |
|      |                          |   |          | ·              |                                       |
|      | -                        | perty, homeowner's, or renter's insurance   | 20c.     | ·              | 0.00                                  |
|      |                          | ntenance, repair, and upkeep expenses   | 20d.     | ·              | 0.00                                  |
|      | 20e. Hom                 | neowner's association or condominium dues   | 20e.     | *              | 0.00                                  |
|      | Other: Spe               | ecify:  | 21.      | +\$            | 0.00                                  |
|      | 0-11-4-                  |   |          |                |                                       |
|      |                          | your monthly expenses   |          |                |                                       |
|      |                          | ines 4 through 21.  |          | \$             | 2,251.61                              |
|      | 22b. Copy                | line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  | 2        | \$             |                                       |
|      | 22c. Add li              | ne 22a and 22b. The result is your monthly expenses.  |          | \$             | 2,251.61                              |
|      |                          |   |          |                | -                                     |
|      |                          | your monthly net income.  |          |                |                                       |
|      | • •                      | y line 12 (your combined monthly income) from Schedule I.   | 23a.     | ·              | 3,032.17                              |
|      | 23b. Cop                 | y your monthly expenses from line 22c above.  | 23b.     | -\$            | 2,251.61                              |
|      |                          |   |          | <del></del>    | · · · · · · · · · · · · · · · · · · · |
|      | 23c. Subt                | tract your monthly expenses from your monthly income.   |          |                | 700.50                                |
|      |                          | result is your monthly net income.  | 23c.     | \$             | 780.56                                |
|      | For example modification | spect an increase or decrease in your expenses within the year after<br>e, do you expect to finish paying for your car loan within the year or do you expect you to the terms of your mortgage? |          |                | ease or decrease because of a         |
|      |                          |   |          |                |                                       |
|      | ■ No.<br>□ Yes.          | Explain here:   |          |                |                                       |